
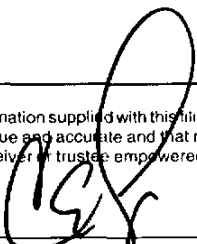


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L96000000767 LAFAYETTE HEALTH INVESTORS, L.C. 46 THIRD STREET, N.W. HICKORY NC 28601		1a. Principal Place of Business Address ROUTE 3, BOX 5 MAYO FL 32066			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		2a. Mailing Address Suite, Apt. #, etc. City & State Zip		3. Date Organized or Qualified 07/19/1996 4. FEI Number 56-2019011 5. Date of Last Report 09/11/1998	
				3a. State of Formation FL <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent INTRASTATE REGISTRE, D AGENT CORPOR 701 BRICKELL AVENUE MIAMI FL 33131		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code			
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____ DATE _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent's signature required when re-registering)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	TREFZGER, CHARLES E	56 THIRD STREET, N.W.		HICKORY NC	
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE: 					
SIGNATURE AND TYPE (FOR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER)					

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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4/25/99

LAFAYETTE HEALTH INVESTORS, L.C.

a Florida Limited Liability Company

46 THIRD STREET, N.W.

HICKORY, NC 28601

EIN: 56-2019011

FL Doc. No. - L96000000767

Ownership of LAFAYETTE HEALTH INVESTORS, L.C.:

SOLE OPERATING MANAGER:

Charles E. Trefzger
ss# 226-04-4773
46 Third Street, N.W.
Hickory, NC 28601

PARTNERS:

Charles E. Trefzger - 50%
ss# 226-04-4773
46 Third Street, N.W.
Hickory, NC 28601

John K. Earl - 12.5%
ss# 440-46-2671
46 Third Street, N.W.
Hickory, NC 28601

William C. Thompson, III - 12.5%
ss# 234-76-8565
46 Third Street, N.W.
Hickory, NC 28601

W. Lee Young, III - 12.5%
ss# 226-62-7318
46 Third Street, N.W.
Hickory, NC 28601

James R. Hodges - 12.5%
ss# 381-48-0512
46 Third Street, N.W.
Hickory, NC 28601